



0000314449



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 035952

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	CIPRIANO JR, ENIO G				
	Place of Death	110 MAIN STREET, SOUTHBOROUGH, MA				
	Date of Death	AUGUST 04, 2018	Date of Birth	SEPTEMBER 07, 1929	Sex	MALE
	Residence	110 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) —						
Branch of military (most recent) —		Rank/organization/outfit(most recent) —				
Date entered(most recent) —		Date Discharged (most recent) —	Service Number(most recent) —			
CERTIFIER	Certifier JOANN SUNA, MD			Lic # 74958		
	Addr. 307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760					
	Immediate Cause of Death DEMENTIA					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL			Date of Disposition AUGUST 09, 2018
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			

Endorsements						
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH				
	State Tracking #	035952	Local Permit #	18-8		
	Date	AUGUST 07, 2018	Date	AUGUST 07, 2018		
			Name of Agent	JAMES F. HEGARTY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address) Rural Cemetery 11 CORDAVILLE RD, SOUTHBOROUGH, MASSACHUSETTS SEC. 13, LOT 31, GRASS		Signature 			
	Disposition Type BURIAL	Date of Disposition AUGUST 9, 2018	Name of Superintendent or Authorized Designee: James F. Hegarty			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000312857



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

State File #

2018 034685

Form R-309 07012014

PERMIT

Information necessary for the Certificate of Death has been completed for:

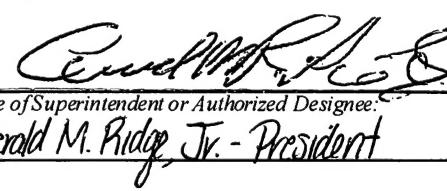
DECEDENT	Decedent Name	DEAN , RONALD KENNETH				
	Place of Death	71 FLAGG ROAD, SOUTHBOROUGH, MA				
	Date of Death	JULY 29, 2018	Date of Birth	DECEMBER 24, 1939	Sex	MALE
	Residence	71 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---				
Date entered(most recent) ---		Date Discharged (most recent) ---	Service Number(most recent) ---			
CERTIFIER	Certifier MATTHEW J BEAN, MD			Lic # 224284		
	Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772					
	Immediate Cause of Death INTERSTITIAL LUNG DISEASE					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee DAVID A CASPER			Lic # 6562
	Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS			
	Disposition Type CREMATION		Date of Disposition JULY 31, 2018	
	Place/Address BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184			

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 034685	Local Permit #	E-PERMIT	
	Date JULY 31, 2018	Date	---	
Name of Agent ---				

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
	Blue Hill Cemetery and Crematory 700 West Street, Braintree, MA 02184		X 	
Disposition Type Cremation	Date of Disposition AUG 01 2018	Name of Superintendent or Authorized Designee: Gerald M. Ridge, Jr. - President		

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#69419

 0000308003 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 031408 RECEIVED MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH FEDERAL REGISTER OFFICE																																	
		Information necessary for the Certificate of Death has been completed for: <table border="1"> <tr> <td rowspan="4">DECEDENT</td> <td>Decedent Name: LAMSON II, LAURENCE EDWARD</td> <td colspan="2">SOUTHBOROUGH, MA</td> </tr> <tr> <td>Place of Death: 96 MT. VICKERY ROAD, SOUTHBOROUGH, MA</td> <td colspan="2"></td> </tr> <tr> <td>Date of Death: JULY 05, 2018</td> <td>Date of Birth: JUNE 08, 1941</td> </tr> <tr> <td>Residence: 96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</td> <td>Sex: MALE</td> </tr> <tr> <td colspan="4">If U.S. veteran, specify war/conflict(s) (most recent): NO</td> </tr> <tr> <td colspan="4">Branch of military (most recent): — Rank/organization/outfit (most recent): —</td> </tr> <tr> <td colspan="4">Date entered (most recent): — Date Discharged (most recent): — Service Number (most recent): —</td> </tr> <tr> <td colspan="4">Certifier: NAHIDA ISLAM, MD Lic # 296494</td> </tr> <tr> <td colspan="4">Addr: 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752</td> </tr> <tr> <td colspan="4">Immediate Cause of Death: LIVER FAILURE</td> </tr> </table>			DECEDENT	Decedent Name: LAMSON II, LAURENCE EDWARD	SOUTHBOROUGH, MA		Place of Death: 96 MT. VICKERY ROAD, SOUTHBOROUGH, MA			Date of Death: JULY 05, 2018	Date of Birth: JUNE 08, 1941	Residence: 96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	Sex: MALE	If U.S. veteran, specify war/conflict(s) (most recent): NO				Branch of military (most recent): — Rank/organization/outfit (most recent): —				Date entered (most recent): — Date Discharged (most recent): — Service Number (most recent): —				Certifier: NAHIDA ISLAM, MD Lic # 296494				Addr: 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752				Immediate Cause of Death: LIVER FAILURE	
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Addr: 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752																																					
Immediate Cause of Death: LIVER FAILURE																																					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				DISPOSITION Funeral Licensee/Designee: NANCY G MORRIS Lic # 50277 Facility: MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type: CREMATION Date of Disposition: JULY 10, 2018 Place/Address: RURAL CEMETERY (CREMATORIAL), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605																																	
Endorsements <table border="1"> <tr> <td rowspan="2">PERMIT</td> <td>Registry of Vital Records and Statistics</td> <td colspan="3">Board of Health/Agent for: SOUTHBOROUGH</td> </tr> <tr> <td>State Tracking # 031408</td> <td>Local Permit # E-PERMIT</td> <td>Date: —</td> <td>Name of Agent: —</td> </tr> <tr> <td>CONFIRMATION</td> <td colspan="2">I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</td> <td colspan="2"> Place of Disposition (Facility Name and Address): Rural Cemetery 180 Grove Street Worcester, MA 01605 Disposition Type: Cremation Date of Disposition: JUL 11 2018 Signature: <i>John H. Cobill</i> Name of Superintendent or Authorized Designee: John H. Cobill </td> </tr> </table>					PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH			State Tracking # 031408	Local Permit # E-PERMIT	Date: —	Name of Agent: —	CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		Place of Disposition (Facility Name and Address): Rural Cemetery 180 Grove Street Worcester, MA 01605 Disposition Type: Cremation Date of Disposition: JUL 11 2018 Signature: <i>John H. Cobill</i> Name of Superintendent or Authorized Designee: John H. Cobill																				
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH																																			
	State Tracking # 031408	Local Permit # E-PERMIT	Date: —	Name of Agent: —																																	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		Place of Disposition (Facility Name and Address): Rural Cemetery 180 Grove Street Worcester, MA 01605 Disposition Type: Cremation Date of Disposition: JUL 11 2018 Signature: <i>John H. Cobill</i> Name of Superintendent or Authorized Designee: John H. Cobill																																		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2018 034685

0000312857

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	DEAN , RONALD KENNETH				
	Place of Death	71 FLAGG ROAD, SOUTHBOROUGH, MA				
	Date of Death	JULY 29, 2018	Date of Birth	DECEMBER 24, 1939	Sex	MALE
	Residence	71 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---				
Date entered(most recent) ---		Date Discharged (most recent) ---	Service Number(most recent) ---			
CERTIFIER	Certifier MATTHEW J BEAN, MD			Lic # 224284		
	Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772					
	Immediate Cause of Death INTERSTITIAL LUNG DISEASE					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee DAVID A CASPER			Lic # 6562
	Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition JULY 31, 2018
	Place/Address BLUE HILL CREMATORIAL, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184			

Endorsements

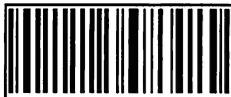
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH			
	State Tracking #	034685			Local Permit # 18-8
	Date	JULY 31, 2018			Date JULY 31, 2018
	Name of Agent JAMES F. HEGARTY				
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
Place of Disposition (Facility Name and Address)			Signature X		
Disposition Type	Date of Disposition		Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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0000308003



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 031408

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	<i>Decedent Name</i>	LAMSON II, LAURENCE EDWARD				
	<i>Place of Death</i>	96 MT. VICKERY ROAD, SOUTHBOROUGH, MA				
	<i>Date of Death</i>	JULY 05, 2018	<i>Date of Birth</i>	JUNE 08, 1941	<i>Sex</i>	MALE
	<i>Residence</i>	96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO						
<i>Branch of military (most recent)</i> ---						
<i>Date entered (most recent)</i> ---		<i>Date Discharged (most recent)</i> ---	<i>Rank/organization/outfit (most recent)</i> ---			
<i>Service Number (most recent)</i> ---		---				
CERTIFIER	Certifier NAHIDA ISLAM, MD			Lic # 296494		
	Addr. 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752					
<i>Immediate Cause of Death</i> LIVER FAILURE						

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition JULY 10, 2018
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			

Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 031408		Local Permit # 18-7		
	Date JULY 09, 2018		Date JULY 10, 2018		Name of Agent JAMES F. HEGARTY
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
CONFIRMATION	Place of Disposition (Facility Name and Address)			Signature	
				X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

69333



0000305235

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 029312

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	QI, XIANGQIAN —				
	Place of Death	3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA				
	Date of Death	JUNE 22, 2018	Date of Birth	NOVEMBER 23, 1947	Sex	MALE
	Residence	3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)	NO				
Branch of military (most recent)	Rank/organization/outfit (most recent)					
Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)				
Certifier ASHRAF ELKERM, MD					Lic # 81917	
Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453						
Immediate Cause of Death METASTATIC SQUAMOUS CELL LUNG CANCER						

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/Designee RICHARD D. COLLINS					Lic # 6312
	Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS					
	Disposition Type CREMATION					Date of Disposition JUNE 26, 2018
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605					

Endorsements						
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH				
	State Tracking #	029312	Local Permit #	E-PERMIT		
	Date	JUNE 25, 2018	Date	—		
	Name of Agent					—
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
Place of Disposition (Facility Name and Address)			Signature			
Rural Cemetery 180 Grove Street Worcester, MA 01605			X			
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:				
	JUN 27 2018	John H Cobill				

Acceptance of Permit Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000302926		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 027817			
Form R-309 07012014							
Information necessary for the Certificate of Death has been completed for:							
DECEDENT	<i>Decedent Name</i>	KAVANAUGH , ALICE MARIE					
	<i>Place of Death</i>	8 MIDDLE ROAD, SOUTHBOROUGH, MA					
	<i>Date of Death</i>	JUNE 12, 2018	<i>Date of Birth</i>	JANUARY 20, 1920	<i>Sex</i>	FEMALE	
	<i>Residence</i>	8 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772					
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> ---					<i>Rank/organization/outfit (most recent)</i> --- ---	
CERTIFIER	Certifier ASHRAF ELKERM, MD				Lic # 81917		
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453						
	<i>Immediate Cause of Death</i> CONGESTIVE HEART FAILURE						
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS				Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS						
	Disposition Type BURIAL				Date of Disposition JUNE 16, 2018		
	<i>Place/Address</i> RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
	Endorsements						
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH				
	State Tracking # 027817		Local Permit # 18-5				
	Date JUNE 15, 2018		Date JUNE 18, 2018				
			Name of Agent JAMES F. HEGARTY				
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
CONFIRMATION	Place of Disposition (Facility Name and Address)			Signature <i>X</i>			
	Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:			

Acceptance of Permit

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2018 027817

0000302926

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KAVANAUGH , ALICE MARIE				
	Place of Death	8 MIDDLE ROAD, SOUTHBOROUGH, MA				
	Date of Death	JUNE 12, 2018	Date of Birth	JANUARY 20, 1920	Sex	FEMALE
	Residence	8 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)					
NO						
Branch of military (most recent)	Rank/organization/outfit(most recent)					
—	—					
Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)				
—	—	—				
CERTIFIER	Certifier ASHRAF ELKERM, MD			Lic # 81917		
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453					
	Immediate Cause of Death CONGESTIVE HEART FAILURE					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type	BURIAL		
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		

Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 027817		Local Permit # E-PERMIT
	Date JUNE 15, 2018		Date —
			Name of Agent —

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address)		Signature
RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee
Full Earth Burial	JUNE 11, 2018	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000297274 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		
		State File #	2018 023610	
Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name KAUR, SHUBJEET --- Place of Death 4 ROCK SPRING LANE, SOUTHBOROUGH, MA Date of Death MAY 18, 2018 Date of Birth AUGUST 17, 1959 Sex FEMALE Residence 4 ROCK SPRING LANE, SOUTHBOROUGH, MASSACHUSETTS 01772			
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> ---			
	<i>Rank/organization/outfit (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> ---			
	<i>Certifier</i> ANN H. PARTRIDGE, MD <i>Lic #</i> 157028 <i>Addr.</i> 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215			
	<i>Immediate Cause of Death</i> METASTATIC BREAST CANCER			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	<i>Funeral Licensee/Designee</i> WAYNE F. BRASCO <i>Lic #</i> 5445 <i>Facility</i> BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS <i>Disposition Type</i> CREMATION <i>Date of Disposition</i> MAY 21, 2018 <i>Place/Address</i> NEWTON CEMETERY CREMATORIUM, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459			
	Endorsements			
	PERMIT	<i>Registry of Vital Records and Statistics</i> Board of Health/Agent for: SOUTHBOROUGH <i>State Tracking #</i> 023610 <i>Local Permit #</i> 18-4 <i>Date</i> MAY 21, 2018 <i>Date</i> MAY 22, 2018 <i>Name of Agent</i> JAMES F. HEGARTY		
		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
<i>Place of Disposition (Facility Name and Address)</i> ---		<i>Signature</i> X		
<i>Disposition Type</i> ---		<i>Name of Superintendent or Authorized Designee:</i> ---		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 023610

0000297274

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KAUR , SHUBJEET ---				
	Place of Death	4 ROCK SPRING LANE, SOUTHBOROUGH, MA				
	Date of Death	MAY 18, 2018	Date of Birth	AUGUST 17, 1959	Sex	FEMALE
	Residence	4 ROCK SPRING LANE, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---			Rank/organization/outfit(most recent) ---			
Date entered(most recent) ---		Date Discharged(most recent) ---		Service Number(most recent) ---		
CERTIFIER	Certifier ANN H. PARTRIDGE, MD			Lic # 157028		
	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215					
	Immediate Cause of Death METASTATIC BREAST CANCER					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee WAYNE F. BRASCO			Lic # 5445	
	Facility. BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS				
	Disposition Type CREMATION			Date of Disposition MAY 21, 2018	
	Place/Address NEWTON CEMETERY CREMATORIUM, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459				

Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 023610		Local Permit # E-PERMIT		
	Date MAY 21, 2018		Date ---		
			Name of Agent ---		

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address) Newton Crematory 791 Walnut St. Newton MA 02459		Signature X <i>Wayne F. Brasco</i>
Disposition Type Cremation	Date of Disposition 5-21-18	Name of Superintendent or Authorized Designee:

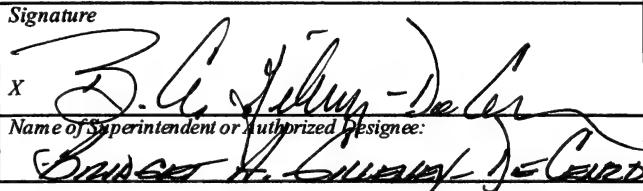
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

3/26/2018 Pg. 444 SEC. 8-WEST, LOT 42, LEVEL 2, THOUSAND, FLOOR 1907.

 0000284351		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT	State File # 2018 014337 RECEIVED TOWN CLERK'S OFFICE
Form R-309 07012014			
Information necessary for the Certificate of Death has been completed for: 2018 APR -2 P 3:09			
DECEDENT	Decedent Name WARE, MARY LOUISE	SOUTHBOROUGH, MA	
	Place of Death 26 GRANUAILE ROAD, SOUTHBOROUGH, MA		
	Date of Death MARCH 22, 2018	Date of Birth JUNE 23, 1917	Sex FEMALE
	Residence 26 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) —	Rank/organization/outfit(most recent) —	
	Date entered(most recent) —	Date Discharged (most recent) —	Service Number(most recent) —
	Certifier PARMENDER SINGH BAGGA, MD		Lic # 212258
Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581			
Immediate Cause of Death CARDIOPULMONARY ARREST			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition MARCH 26, 2018	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 014337	Local Permit # E-PERMIT	
	Date MARCH 25, 2018	Date —	
	Name of Agent —		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
CONFIRMATION	Place of Disposition (Facility Name and Address) <i>Rural Cemetery 11 CORDAVILLE RD, SOUTHBOROUGH, MA SEC. 8-WEST, LOT 42, LEVEL 2</i>	Signature  X	
	Disposition Type FULL EMBALMED BURIAL	Date of Disposition MARCH 26, 2018	Name of Superintendent or Authorized Designee: <i>B. C. J. Morris - Decker</i>

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 014337

0000284351

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	WARE , MARY LOUISE				
	Place of Death	26 GRANUAILE ROAD, SOUTHBOROUGH, MA				
	Date of Death	MARCH 22, 2018	Date of Birth	JUNE 23, 1917	Sex	FEMALE
	Residence	26 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---				
Date entered(most recent) ---		Date Discharged (most recent) ---		Service Number(most recent) ---		
CERTIFIER	Certifier PARMENDER SINGH BAGGA, MD			Lic # 212258		
	Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581					
	Immediate Cause of Death CARDIOPULMONARY ARREST					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL		Date of Disposition MARCH 26, 2018	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 014337		Local Permit # 18-3	
	Date MARCH 25, 2018		Date MARCH 26, 2018	
	Name of Agent JAMES F. HEGARTY			
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address)			Signature X	
Disposition Type		Date of Disposition		Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#68394

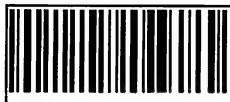
 		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		RECEIVED 1000 2018 008608 REGISTRATION OFFICE		
0000276456		Form R-309 07012014		2018 MAR 14 P 3:26		
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Decedent Name SLOAN, DOROTHY GERTRUDE Place of Death 124 MADISON PLACE, SOUTHBOROUGH, MA Date of Death FEBRUARY 17, 2018 Date of Birth JUNE 08, 1930 Sex FEMALE Residence 124 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772					
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/oufit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____					
CERTIFIER	Certifier SHUBHADA D JAVLEKAR, MD Lic # 78905 Addr. 10010 K SHOPS WAY, NORTHBOROUGH, MASSACHUSETTS 01532					
	Immediate Cause of Death ARRHYTHMIA					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 50277 Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition FEBRUARY 19, 2018 Place/Address RURAL CEMETERY (CREMATORIY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605					
	Endorsements					
	PERMIT	Registry of Vital Records and Statistics State Tracking # 008608 Date FEBRUARY 20, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) <i>Rural Cemetery 180 Grove Street Worcester, MA 01605</i>		Signature <i>X John H Cobell</i>		
CONFIRMATION		Disposition Type <i>cremation</i>	Date of Disposition <i>FEB 23 2018</i>	Name of Superintendent or Authorized Designee: <i>John H Cobell</i>		

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

0000271299

Form R-309 07012014

State File #

2018 005230

RECEIVED

TOWN CLERK'S OFFICE

2018 FEB - 9 A 10: 59

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	ROY , ROBERT DAVID	SOUTHBOROUGH, MA	
	Place of Death	49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA		
	Date of Death	JANUARY 29, 2018	Date of Birth	FEBRUARY 17, 1938
	Residence	49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
---	---	---		
Certifier	MANDIRA RAY, MD		Lic # 226763	
Addr.	133 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215			
Immediate Cause of Death CORTICOBASAL DEGENERATION				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	BRUCE SCHLOSSBERG	Lic # 5684	
	Facility	STANETS KY MEMORIAL CHAPELS, INC. - BROOKLINE, BROOKLINE, MASSACHUSETTS		
	Disposition Type	CREMATION	Date of Disposition	FEBRUARY 01, 2018
	Place/Address	NEWTON CEMETERY CREMATORIUM, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459		

Endorsements				
CONFIRMATION	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	005230	Local Permit #	E-PERMIT
	Date	JANUARY 31, 2018	Date	---
			Name of Agent	---
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address)		Signature		
Newton Crematory 791 Walnut St. Newton, MA 02459		Mary Ann Buas		
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		
Cremation	2-2-2018			

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000271299 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		
		State File #	2018 005230	
Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name ROY, ROBERT DAVID Place of Death 49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA Date of Death JANUARY 29, 2018 Date of Birth FEBRUARY 17, 1938 Sex MALE Residence 49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772			
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Rank/organization/outfit (most recent)</i> --- <i>Date entered (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> ---			
CERTIFIER	Certifier MANDIRA RAY, MD Lic # 226763 Addr. 133 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 <i>Immediate Cause of Death</i> CORTICOBASAL DEGENERATION			
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/Designee BRUCE S SCHLOSSBERG Lic # 5684 Facility. STANETS KY MEMORIAL CHAPELS, INC. - BROOKLINE, BROOKLINE, MASSACHUSETTS Disposition Type CREMATION Date of Disposition FEBRUARY 01, 2018 Place/Address NEWTON CEMETERY CREMATORIUM, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459			
	Endorsements			
	PERMIT	Registry of Vital Records and Statistics 005230 Date JANUARY 31, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # 18-1 Date FEBRUARY 01, 2018 Name of Agent JAMES F. HEGARTY
		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address) ---		Signature X		
Disposition Type ---		Name of Superintendent or Authorized Designee: ---		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

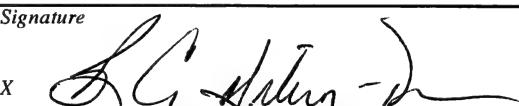
 0000322764 Form R-309 07012014		 <i>Commonwealth of Massachusetts</i> <i>Registry of Vital Records and Statistics</i> DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		
		State File #	2018 041731	
Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name CLASBY JR, CHESTER F Place of Death 202 PARKERVILLE ROAD, SOUTHBOROUGH, MA Date of Death SEPTEMBER 12, 2018 Date of Birth MAY 22, 1937 Sex MALE Residence 202 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			
	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Branch of military (most recent) ARMY Date entered (most recent) DECEMBER 15, 1959 Date Discharged (most recent) DECEMBER 14, 1965 Service Number (most recent) NG21329503			
CERTIFIER	Certifier ZOFIA PIOTROWSKA, MD Lic # 245656 Addr. 32 FRUIT STREET, SUITE 7B, BOSTON, MASSACHUSETTS 02114			
	Immediate Cause of Death LUNG CANCER			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee WILLIAM H URQUHART Lic # 1040 Facility. MACDONALD, ROCKWELL & MACDONALD FUNERAL HOME, WATERTOWN, MASSACHUSETTS Disposition Type BURIAL Date of Disposition SEPTEMBER 18, 2018 Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			
	Endorsements			
	PERMIT	Registry of Vital Records and Statistics State Tracking # 041731 Date SEPTEMBER 15, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # 18-10 Date SEPTEMBER 18, 2018 Name of Agent JAMES F. HEGARTY
		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address) 		Signature X		
CONFIRMATION	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000322764 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT State File # 2018 041731 RECEIVED MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH 2010 SEP 21 A 11: 05	
Information necessary for the Certificate of Death has been completed for:			
DECEDENT	Decedent Name CLASBY JR, CHESTER F	SOUTHBOROUGH, MA	
	Place of Death 202 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
CERTIFIER	Date of Death SEPTEMBER 12, 2018	Date of Birth MAY 22, 1937	Sex MALE
	Residence 202 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> VIETNAM <i>Branch of military (most recent)</i> ARMY <i>Date entered (most recent)</i> DECEMBER 15, 1959 <i>Date Discharged (most recent)</i> DECEMBER 14, 1965 <i>Service Number (most recent)</i> NG21329503			
<i>Certifier</i> ZOFIA PIOTROWSKA, MD <i>Lic #</i> 245656 <i>Addr.</i> 32 FRUIT STREET, SUITE 7B, BOSTON, MASSACHUSETTS 02114			
<i>Immediate Cause of Death</i> LUNG CANCER			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	<i>Funeral Licensee/Designee</i> WILLIAM H URQUHART <i>Lic #</i> 1040 <i>Facility</i> MACDONALD, ROCKWELL & MACDONALD FUNERAL HOME, WATERTOWN, MASSACHUSETTS <i>Disposition Type</i> BURIAL <i>Date of Disposition</i> SEPTEMBER 18, 2018 <i>Place/Address</i> SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	<i>State Tracking #</i> 041731 <i>Date</i> SEPTEMBER 15, 2018	<i>Local Permit #</i> E-PERMIT <i>Date</i> --- <i>Name of Agent</i> ---	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	<i>Place of Disposition (Facility Name and Address)</i> RURAL CEMETERY 11 CORDAVILLE RD., SOUTHBOROUGH, MA 01772 SEC. 01, GRD. 310	<i>Signature</i> X  <i>Name of Superintendent or Authorized Designee:</i> BRIDGET L. DILLENEY-DELISSO	
<i>Disposition Type</i> FULL EMBALMING	<i>Date of Disposition</i> Sept. 18, 2018		

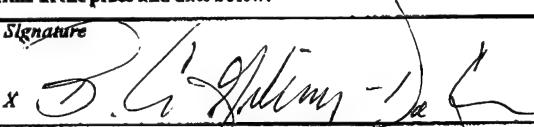
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#69419

 0000308003 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		
		State File # 2018 031408 TOWNSHIP OFFICE	APPROVED 2018 SEP 28 P 12:10	
Information necessary for the Certificate of Death has been completed for: SOUTHBOROUGH, MA				
DECEDENT	Decedent Name LAMSON II, LAURENCE EDWARD Place of Death 96 MT. VICKERY ROAD, SOUTHBOROUGH, MA Date of Death JULY 05, 2018 Date of Birth JUNE 08, 1941 Sex MALE Residence 96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) — Rank/organization/outfit (most recent) — Date entered (most recent) — Date Discharged (most recent) — Service Number (most recent) —			
CERTIFIER	Certifier NAHIDA ISLAM, MD Lic # 296494 Addr. 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752			
	Immediate Cause of Death LIVER FAILURE			
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 30277 Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition JULY 10, 2018 Place/Address RURAL CEMETERY (CREMATORIUM), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			
	Endorsements			
	PERMIT	Registry of Vital Records and Statistics State Tracking # 031408 Date JULY 09, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date — Name of Agent —
		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CONCORDVILLE RD., SOUTHBOROUGH, MA SEC. 1C, LOT 12, CATAST. A		Signature  X 		
CONFIRMATION	Disposition Type CREM Disposal of Cremated Remains	Date of Disposition July 21, 2018	Name of Superintendent or Authorized Designee: BRIDGET L. GILLEHEY-DECENZO	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 047422 RECEIVED 2018 OCT 22 P 1:01 OFFICE	
0000331133 Form R-309 07012014					
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name SHAY SR, JOSEPH F Place of Death 5 WYNDEMERE DRIVE, SOUTHBOROUGH, MA Date of Death OCTOBER 20, 2018 Residence 5 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		Date of Birth MARCH 02, 1931 Sex MALE		
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> KOREA <i>Branch of military (most recent)</i> ARMY <i>Date entered (most recent)</i> SEPTEMBER 04, 1952		<i>Rank/organization/outfit (most recent)</i> SERGEANT, 9710 TSUDET 1 <i>Date Discharged (most recent)</i> SEPTEMBER 04, 1954 <i>Service Number (most recent)</i> 51 183 696		
CERTIFIER	Certifier KAREN-GAIL BRANDSE, MD Addr. 67 UNION STREET, SUITE 104, NATICK, MASSACHUSETTS 01760		Lic # 153724		
	<i>Immediate Cause of Death</i> CARDIAC ARREST				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee HENRY C BOYLE, III Lic # 6156 Facility BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS Disposition Type BURIAL Date of Disposition OCTOBER 27, 2018 Place/Address ST. STEPHEN CEMETERY, FENWICK STREET, FRAMINGHAM, MASSACHUSETTS 01701				
	Endorsements				
	PERMIT	Registry of Vital Records and Statistics State Tracking # 047422 Date OCTOBER 22, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # 18-11 Date OCTOBER 22, 2018 Name of Agent JAMES F. HEGARTY	
		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address)		Signature X			
Disposition Type		Name of Superintendent or Authorized Designee:			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2018 048966

0000332777

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MALEY JR, JOHN HENRY				
	Place of Death	80 NEWTON STREET, SOUTHBOROUGH, MA				
	Date of Death	OCTOBER 27, 2018	Date of Birth	AUGUST 01, 1923	Sex	MALE
	Residence	80 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) ---						
Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---				
Date entered(most recent) ---		Date Discharged (most recent) ---	Service Number(most recent) ---			
CERTIFIER	Certifier TIFFANY ANNE KOLNIAK, MD			Lic # 270199		
	Addr. 85 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701					
	Immediate Cause of Death ACUTE CARDIOPULMONARY FAILURE					

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL		Date of Disposition NOVEMBER 02, 2018	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 048966		Local Permit # 18-12	
	Date OCTOBER 30, 2018		Date OCTOBER 30, 2018	
	Name of Agent JAMES F. HEGARTY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
			X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION**
PERMIT

State File #

2018 048966

0000332777

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MALEY JR, JOHN HENRY		
	Place of Death	80 NEWTON STREET, SOUTHBOROUGH, MA		
	Date of Death	OCTOBER 27, 2018	Date of Birth	AUGUST 01, 1923
	Residence	80 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> —				
<i>Branch of military (most recent)</i>		<i>Rank/organization/outfit (most recent)</i>		
<i>Date entered (most recent)</i>		<i>Date Discharged (most recent)</i>	<i>Service Number (most recent)</i>	
CERTIFIER	Certifier TIFFANY ANNE KOLNIAK, MD			Lic # 270199
	Addr. 85 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701			
	<i>Immediate Cause of Death</i> ACUTE CARDIOPULMONARY FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type BURIAL		Date of Disposition NOVEMBER 02, 2018	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772			

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 048966		Local Permit # 18-12	
	Date	OCTOBER 30, 2018	Date	OCTOBER 30, 2018
	Name of Agent JAMES F. HEGARTY			

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
	<i>Rural Cemetery 11 Cordaville Rd., Southborough, MA Sec. A, Lot 4, Grav. #1</i>		<i>[Signature]</i>	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		
<i>FULL CASKET BURIAL</i>	<i>NOV. 3, 2018</i>	<i>BRIAN T. GILLEN/DeCenzo</i>		

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2018 052536

0000338142

Form R-309 07012014

RECEIVED
DEPT OF PUBLIC SAFETY
OFFICE

2018 NOV 26 A 8:50

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	BEHRENS, ROBERT A		SOUTHBOROUGH, MA
	Place of Death	21 HARRIS DRIVE, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 19, 2018	Date of Birth	MARCH 05, 1954
	Residence	21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
Date entered (most recent) ---		Date Discharged (most recent) ---	Service Number (most recent) ---	
CERTIFIER	Certifier KALINDI MEHTA, MD		Lic # 230077	
	Addr. 106 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581			
	Immediate Cause of Death ALCOHOLIC CIRRHOSIS OF LIVER			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee JAMES R. BUMA		Lic # 6460
	Facility. BUMA FUNERAL HOMES, INC., UXBRIDGE, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition NOVEMBER 26, 2018
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		

Endorsements			
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 052536	Local Permit # 18-052536	
	Date NOVEMBER 21, 2018	Date NOVEMBER 26, 2018	
	Name of Agent JAMES F. HEGARTY		
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address)		Signature	
		X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2018 052938

RECEIVED

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

0000338005

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

2018 NOV 21 P 1:00

DECEDENT	Decedent Name	MORGAN, SUZANNE G		SOUTHBOROUGH, MA		
	Place of Death	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA				
	Date of Death	NOVEMBER 19, 2018	Date of Birth	JUNE 27, 1935	Sex	FEMALE
	Residence	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772				
If U.S. veteran, specify war/conflict(s) (most recent) NO						
Branch of military (most recent) ---			Rank/organization/outfit (most recent) ---			
Date entered (most recent) ---			Date Discharged (most recent) ---	Service Number (most recent) ---		
CERTIFIER	Certifier ALAN I GLASER, MD			Lic # 151413		
	Addr. 65 WALNUT STREET, SUITE 500, WELLESLEY, MASSACHUSETTS 02481					
Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE						

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee CYNTHIA F BRYANT			Lic # 5551
	Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS			
	Disposition Type BURIAL			Date of Disposition NOVEMBER 26, 2018
	Place/Address NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASSACHUSETTS 01778			

Endorsements							
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH				
	State Tracking # 052938		Local Permit # 18-052938				
	Date NOVEMBER 26, 2018	Date NOVEMBER 27, 2018	Name of Agent JAMES F. HEGARTY				
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
CONFIRMATION	Place of Disposition (Facility Name and Address)			Signature			
				X			
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000338005



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 052938

Form R-309 07012014

1910 DEC -4 P 2:52

Information necessary for the Certificate of Death has been completed for:

SOUTHBOROUGH, MA

DECEDENT	Decedent Name	MORGAN, SUZANNE G		
	Place of Death	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 19, 2018	Date of Birth	JUNE 27, 1935
	Residence	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent)		Rank/organization/outfit (most recent)		
Date entered (most recent)		Date Discharged (most recent)	Service Number (most recent)	
CERTIFIER	Certifier ALAN I GLASER, MD			Lic # 151413
	Addr. 65 WALNUT STREET, SUITE 500, WELLESLEY, MASSACHUSETTS 02481			
	Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee CYNTHIA F BRYANT			Lic # 5551
	Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS			
	Disposition Type BURIAL		Date of Disposition NOVEMBER 26, 2018	
	Place/Address NORTH CEMETERY, OLD SUBURY ROAD, WAYLAND, MASSACHUSETTS 01778			

Endorsements			
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	052938	
	Date	NOVEMBER 26, 2018	
		Local Permit #	E-PERMIT
	Date	—	
	Name of Agent	—	

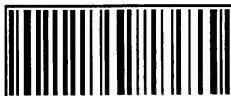
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address)		Signature	
North Cemetery Wayland MA 01778		X <i>Cynthia</i>	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	
Vacu/burial	11/26/18	<i>Cynthia</i> Town of Wayland	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File #

2018 055851

0000342706

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SARGENT, BETSYE P		
	Place of Death	90 VILLAGE PATH, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 11, 2018	Date of Birth	NOVEMBER 27, 1939
	Residence	30 WILLIAMS STREET, SALEM, MASSACHUSETTS 01970		
If U.S. veteran, specify war/conflict(s) (most recent) NO				
Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
Date entered (most recent) ---		Date Discharged (most recent) ---	Service Number (most recent) ---	
CERTIFIER	Certifier GARY RICHARD COHEN, MD		Lic # 51078	
	Addr. 400 HIGHLAND AVENUE, 1, SALEM, MASSACHUSETTS 01970			
	Immediate Cause of Death LYMPHOMA			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition DECEMBER 13, 2018
	Place/Address RURAL CEMETERY (CREMATORIAL), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 055851	Local Permit # 18-055851	
	Date DECEMBER 11, 2018	Date DECEMBER 11, 2018	
Name of Agent JAMES F. HEGARTY			

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

7C608



0000342706

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

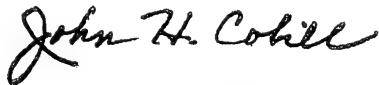
2018 055851

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SARGENT, BETSYE P		
	Place of Death	90 VILLAGE PATH, SOUTHBOROUGH, MA		
	Date of Death	DECEMBER 11, 2018	Date of Birth	NOVEMBER 27, 1939
	Residence	30 WILLIAMS STREET, SALEM, MASSACHUSETTS 01970		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
Branch of military (most recent)	Rank/organization/outfit (most recent)			
Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)		
Certifier GARY RICHARD COHEN, MD Addr. 400 HIGHLAND AVENUE, 1, SALEM, MASSACHUSETTS 01970			Lic # 51078	
Immediate Cause of Death LYMPHOMA				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS			
	Disposition Type CREMATION			Date of Disposition DECEMBER 13, 2018
	Place/Address RURAL CEMETERY (CREMATORIAL), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			

Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 055851		Local Permit # E-PERMIT	
	Date DECEMBER 11, 2018		Date	—
			Name of Agent	—
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605			Signature  X	
Disposition Type Cremation		Date of Disposition DEC 14 2018	Name of Superintendent or Authorized Designee: John H Cobill	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

70439

		Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File # 2018 052536		
0000338142				DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		
Form R-309 07012014		Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name	BEHRENS , ROBERT A				
	Place of Death	21 HARRIS DRIVE, SOUTHBOROUGH, MA				
	Date of Death	NOVEMBER 19, 2018	Date of Birth	MARCH 05, 1954		
	Residence	21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO					
	Branch of military (most recent)	Rank/organization/oufit(most recent)				
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Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)				
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CERTIFIER	Certifier KALINDI MEHTA, MD			Lic # 230077		
	Addr. 106 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581					
	Immediate Cause of Death ALCOHOLIC CIRRHOSIS OF LIVER					
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee JAMES R. BUMA			Lic # 6460		
	Facility. BUMA FUNERAL HOMES, INC., UXBRIIDGE, MASSACHUSETTS					
	Disposition Type CREMATION			Date of Disposition NOVEMBER 26, 2018		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605					
	Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH			
	State Tracking # 052536		Local Permit # E-PERMIT			
	Date NOVEMBER 21, 2018		Date	---		
			Name of Agent	---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address)			Signature		
	Rural Cemetery 180 Grove Street Worcester, MA 01605					
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:			
Cremation	NOV 26 2018	John H Cobill				

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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70484



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

0000337867

Form R-309 07012014

State File #

2018 052695

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SZYMCZAK, STASIA BARBARA			
	Place of Death	SOUTHBRIIDGE REHAB AND HEALTH CARE, SOUTHBRIIDGE, MA			
	Date of Death	NOVEMBER 19, 2018	Date of Birth	NOVEMBER 20, 1924	
	Residence	84 CHAPIN STREET, SOUTHBRIIDGE, MASSACHUSETTS 01550			
If U.S. veteran, specify war/conflict(s) (most recent) NO					
Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____					
Date entered (most recent) _____		Date Discharged (most recent) _____	Service Number (most recent) _____		
CERTIFIER	Certifier MARIA C DUNN, MD			Lic # 244953	
	Addr. 108 THOMPSON ROAD, WEBSTER, MASSACHUSETTS 01570				
	Immediate Cause of Death COMPLICATIONS OF VASCULAR DEMENTIA				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee JOHN P. HICKEY				Lic # 6889
	Facility. SITKOWSKI AND MALBOEUF FUNERAL HOME, INC., WEBSTER, MASSACHUSETTS				
	Disposition Type CREMATION				Date of Disposition NOVEMBER 21, 2018
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBRIIDGE
	State Tracking # 052695	Local Permit # E-PERMIT
	Date NOVEMBER 23, 2018	Date _____
Name of Agent _____		

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605	Signature X	
Disposition Type Cremation	Date of Disposition NOV 30 2018	Name of Superintendent or Authorized Designee: John H. Cobill

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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 		Commonwealth of Massachusetts <i>Registry of Vital Records and Statistics</i> DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT	
0000344106 Form R-309 07012014		State File #	2018 057259
		OCME CASE # 2018-15691	

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name TSAUR, ANNA -- Place of Death 6 LEONARD DRIVE, SOUTHBOROUGH, MA Date of Death DECEMBER 14, 2018 Date of Birth JULY 22, 1966 Sex FEMALE Residence 6 LEONARD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO <i>Branch of military (most recent)</i> --- <i>Date entered (most recent)</i> --- <i>Date Discharged (most recent)</i> --- <i>Service Number (most recent)</i> ---		
	<i>Certifier</i> RICHARD J. EVANS, MD <i>Lic #</i> 58622 <i>Addr.</i> 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655		
	<i>Immediate Cause of Death</i> ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	<i>Funeral Licensee/Designee</i> ROBERT J. LAWLER <i>Lic #</i> 5784 <i>Facility</i> LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS <i>Disposition Type</i> CREMATION <i>Date of Disposition</i> DECEMBER 19, 2018 <i>Place/Address</i> SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131		
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Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	<i>State Tracking #</i> 057259		<i>Local Permit #</i> E-PERMIT
	<i>Date</i>	DECEMBER 19, 2018	<i>Date</i> --- <i>Name of Agent</i> ---

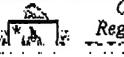
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: <i>Place of Disposition (Facility Name and Address)</i> St. Michael Crematory 500 Canterbury Street Boston, MA 02131		
	<i>Disposition Type</i> Cremation <i>Date of Disposition</i> 12/20/18		<i>Signature</i> X 
			<i>Name of Superintendent or Authorized Designee:</i> Michael D. Sheehan, G.M.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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		 Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File #	2018 057773	
0000345235		OR TRANSPORTATION PERMIT				
Form R-309 07012014						
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Deceased Name PHILLIPS, JEFFREY H Place of Death 5 MOULTON ROAD, SOUTHBOROUGH, MA Date of Death DECEMBER 19, 2018 Date of Birth JULY 01, 1951 Sex MALE Residence 5 MOULTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772					
	<i>If U.S. veteran, specify war/conflict(s) (most recent)</i> NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____					
CERTIFIER	Certifier JAMES LEVISON, MD Lic # 152627 Addr. 330 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215					
	<i>Immediate Cause of Death</i> METASTATIC CHOLANGIOPANCREATIC CARCINOMA					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/Designee JOHN REEN, III Lic # 7066 Facility. LEHMAN REEN MCNAMARA FUNERAL HOME, BOSTON, MASSACHUSETTS Disposition Type CREMATION Date of Disposition DECEMBER 26, 2018 Place/Address SAINT MICHAEL CREMATORIUM, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131					
	Endorsements					
	PERMIT	Registry of Vital Records and Statistics State Tracking # 057773 Date DECEMBER 23, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent ---		
						
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131					
	Disposition Type Cremation		Date of Disposition 12/27/18			
			Name of Superintendent or Authorized Designee: Michael D. Sheehan, G.M.			

Acceptance of Permit

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